

**PLEASE COMPLETE AND BRING WITH YOU,
WITH SUPPORTING DOCUMENTATION, TO
THE OFFICE OF CLERK OF DISTRICT COURT.
THANK YOU**

	PLEASE COMPLETE AND BRING WITH YOU, WITH SUPPORTING DOCUMENTATION, TO THE OFFICE OF CLERK OF DISTRICT COURT. THANK YOU				
Groom	5a. GROOM'S NAME first		Middle	Last	5b. SOCIAL SECURITY NO.
	6a. RESIDENCE- State and Zip		6b. COUNTY		6c. STREET & NUMBER, CITY, TOWN OR LOCATION
	7. BIRTHPLACE (City, County and State or Country)				8a. DATE OF BIRTH (Month, Day, Year)
	9a. FATHER'S NAME (First, Middle, Last)				9b. ADDRESS (City & State)
	10a. MOTHER'S NAME (First, Middle, maiden Surname)				10b. ADDRESS (If Different)
	11. RACE-American Indian, Black, White, Etc (Specify)				12. SEX Male
	EDUCATION (Specify only highest grade completed)				
	Elementary - Secondary: (0-12)				College: (1,2,3,4, or 5+)
	14. Number of this Marriage First, Second, Etc. (Specify)				Previous Marriage
	15a. Terminated by				15b. Name of Wife (First and Maiden Surname)
BRIDE	15c. Place of dissolution or death (County and state)				15d. Date dissolution or death (Month, Day, Year)
	16a. BRIDE'S NAME First		Middle	Last	16b. MAIDEN SURNAME (if different)
	17a. RESIDENCE- State and Zip		17b. COUNTY		17c. STREET & NUMBER, CITY, TOWN OR LOCATION
	18. BIRTHPLACE (City, County and State or Country)				8a. DATE OF BIRTH (Month, Day, Year)
	20a. FATHER'S NAME (First, Middle, Last)				20b. ADDRESS (City & State)
	20c. Birthplace (State or Foreign Country)				
	21a. MOTHER'S NAME (First, Middle, maiden Surname)				21b. ADDRESS (If different)
	21c. Birthplace (State or Foreign Country)				
	22. RACE-American Indian, Black, White, Etc (Specify)				22. SEX Female
	EDUCATION (Specify only highest grade completed)				
Elementary - (0-12) Secondary:				College: (1,2,3,4, or 5+)	
OFFICIANT	Number of this marriage First, Second, Etc. (Specify)				Previous Marriage
	15a. Terminated by				15b. Name of husband
	15c. Place of dissolution or death (County and State)				15d. Date dissolution or death (Month, Day, Year)
	27. DATE OF MARRIAGE (Month, Day, Year)				28. PLACE OF MARRIAGE (County)
	29. OFFICIANT				30. RELIGIOUS OR CIVIL OFFICIAL (Specify)
	31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)				31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)
	32a. ARE THE PARTIES RELATED? Yes No				32b. RELATIONSHIP
	33a. PRIOR APPLICATION REJECTED? Yes No				REASON AND DATE
	34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS? Yes No				
	LEGAL INFORMATION	35a. FUTURE ADDRESS- STREET & NUMBER			
35c. TELEPHONE NUMBER					